



WALL LICENSURE CERTIFICATE REPLACEMENT REQUEST

This form is to be completed by the licensed psychologist requesting a replacement wall certificate. Please complete the information below and submit the form, along with the required non-refundable fee of **\$100.00**, to the Board office.

CERTIFICATE INFORMATION
Full Name as it appears on your Board issued license (First, Middle, Last):
Doctoral Credential: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.
License Number:
Original Licensure Issue Date:

MAILING INFORMATION
The address below will be used to mail the wall licensure certificate. The address provided must match the personal or business address on file with the Board.
Address: _____
City: _____ State: _____ Zip: _____
Contact Number:
Email:

Mail this application and the non-refundable \$100.00 fee to:

Oklahoma State Board of Examiners of Psychologists
421 NW 13th Street, Suite 180
Oklahoma City, OK 73103

Total Check or Money Order Enclosed:

By signing this form, you attest that you are the licensed psychologist requesting a reprint of your official wall licensure certificate and acknowledge that a \$100.00 fee must be submitted with this request.

Signature of Psychologist

Date

For OSBEP use only :

Processed by

Date

Check #: _____ \$ _____.